

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA STATE BOARD OF DISPENSING OPTICIANS

237 Coliseum Drive • Macon, Georgia 31217-3858
(478) 207-2440 * www.sos.georgia.gov/plb/opticians

DISPENSING OPTICIAN APPRENTICE REGISTRATION

(Include Non-Refundable Fee of \$35.00)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20(i).

(Applications are valid for two (2) years from date of receipt. After two (2) years, if application is incomplete, applicant must reapply and pay a new fee)

PART I: PERSONAL INFORMATION:

Name:

LAST	FIRST	MIDDLE	MAIDEN
_____	_____	_____	_____

Social Security #:

Date of Birth:

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license or registration tracking purposes.

Failure to provide your social security number shall result in delay of processing

Residential (Physical)

Address:

NUMBER AND STREET (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

Mailing Address:

(*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX IS ACCEPTABLE)

APT #

CITY

STATE

ZIP

Daytime Phone #:

Evening Phone #:

E-mail Address: _____ (PLEASE Print Clearly)

Gender: ☐ Male ☐ Female

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

PART II: BACKGROUND INFORMATION: (Failure to answer these questions, provide documentation, shall delay the processing of your application)

1. Have you ever previously registered as an apprentice in Georgia? () Yes () No

If yes, when: _____ Previous Registration Number _____

2. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. () Yes* () No

*If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. If you answered "Yes" to the next question, **print out the "Background Investigation Consent" form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.



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PART III: AFFIDAVIT OF APPRENTICE APPLICANT:

Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this registration form for an apprentice registration in the State of Georgia; and that all the statements contained herein are true to the best of his/her knowledge and belief.

(Signature of Apprentice)

(Date Signed)

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public _____

My commission expires: _____

Notary Public

(Notary Seal)

PART IV: AFFIDAVIT OF SUPERVISOR:

This form is to be completed by the Licensed Professional serving in a supervisory capacity in the primary location of the apprenticeship.

I, _____, a (circle one) licensed dispensing optician,
(Print Name Clearly)

licensed optometrist or other licensed physician, _____
(Business Name)

Business Street Address: _____

City _____ State _____ Zip _____

Phone Number (_____) _____

I, _____, License Number _____, in the State of Georgia,

being duly sworn certify that _____ will be instructed by me.

(Print name of Apprentice)

I hereby certify that the apprentice will comply with the Georgia laws and rules while optical dispensing or the State Board has been notified that I am withdrawn as the supervisor.

(Signature of Licensed Professional serving in the supervisory capacity)

State of _____

(Notary Seal)

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My commission expires: _____

Notary Public

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Dispensing Opticians, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document – See list of acceptable documents on Board website.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. See list of acceptable documents on Board website.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Dispensing Opticians and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____ 20_____

(Notary Seal)

Notary Public Signature

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

**** A copy of your secure and verifiable document (SVD) such as a driver's license or passport is required to be submitted to the Board office with this application as indicated in the above form. Failure to provide your SVD shall result in delay of processing**